

## EXHIBIT 2

### REPORT OF SO RATING CONVERSION SCREENING

(Use proper letter format.)

From: (Screening Activity)

To: Commander, Navy Personnel Command (PERS-401DH)

Subj: REQUEST FOR SPECIAL WARFARE OPERATOR (SO) RATING  
CONVERSION

Ref: (a) MILPERSMAN 1220-300

1. (rank or rate, name), currently attached to (member's present command), was screened for application for assignment to SEAL training following the procedures specified in reference (a).

2. The member completed the screening as indicated below:

a. Interview conducted by: (name, rank, position, command, date) (Interviewer should include any significant findings pertinent to selection/non-selection of member for requested training.)

(1) Does the applicant totally understand the mission and scope of the program? Yes \_\_\_\_\_ No \_\_\_\_\_

(2) Does the applicant fully understand the training regimen during initial training and what will be expected of them? Yes \_\_\_\_\_ No \_\_\_\_\_

(3) Is the applicant's motivation for entry into the rating a sincere desire for personal growth and achievement and not solely for the money or as a method to escape their present circumstances, etc? Yes \_\_\_\_\_ No \_\_\_\_\_

(4) Does the applicant have the ability to adapt to the requirements of the desired community? Yes \_\_\_\_\_ No \_\_\_\_\_

(5) Is the applicant mentally prepared for the arduous training? Yes \_\_\_\_\_ No \_\_\_\_\_

(6) Does the applicant have any financial, marital, or other hardships that would impede their ability to concentrate on and complete the training? Yes \_\_\_\_\_ No \_\_\_\_\_

b. Physical Screening Test conducted by: (name, rank, position, command, date)

(1) Swim Time: \_\_\_\_\_min \_\_\_\_\_sec

(2) Run Time: \_\_\_\_\_ min \_\_\_\_\_sec

(3) Sit-ups: \_\_\_\_\_, Push-ups: \_\_\_\_\_, Pull-ups: \_\_\_\_\_

c. Pressure Test conducted by: (name, rank, position, command/facility, date) or waived (state justification). Pressure test (results to be included as application package) contained in enclosure (1).

d. Eligible for a SECRET security clearance based on National Agency Check with local Agency and Credit Checks (NACLC). ( ) Yes ( ) No

3. Based on (satisfactory/unsatisfactory) completion of this screening the member (is/is not) recommended for (type training). (If member is not recommended, state reason/s.)

(Signature)

Copy to:  
Member's present command